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# THE BASIS OF PROFESSIONAL ETHICS FOR NURSES<sup>1</sup>

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IT was with much hesitation that I accepted the invitation of your committee to discuss this topic, so acutely did I feel my ignorance of your special field. But when I came to read the very excellent answers to your questionnaire placed at my disposal for study I felt more at ease. For while I was confirmed in my feeling of ignorance, I was none the less made to feel much at home by finding that your leaders are grappling with so many of the same problems that we in the general field of education have to face.

One of the problems disclosed in the questionnaire replies is the very familiar one to us in general education of the repression or the expression of "Young America." Some of your training school officers are not a little scandalized at a certain lack of respect for authority, not to mention other observable deviations from what has hitherto been counted proper. These training school heads seem to lay the blame for such laxity on a lack of proper home and school training and to conclude that it is high time for somebody to make these young women taste proper authority. I judge that they think the training school should supply this needed experience.

Other such heads, however, seem much more inclined to consider the natural feelings and inclination of the young students committed to their care. These recognize a tendency brought over in the traditions from the past to repress over much the individual student nurse, to treat her somewhat as the army tradition treats a private soldier, to demand implicit unquestioning obedience and in general to expect a most respectful subservience. Now I am telling no secret to an American audience when I say that right or wrong our girls do not relish such a regime and in fact do not propose to put up with it. Here then lies one of the troublesome points. The medical profession and hospital tradition have their roots in a remote past. They seek to perpetuate in our modern democratic life certain attitudes that clearly arose amid other ideas and customs. Certain modern tendencies oppose. A conflict arises. Hence in part the situation which we are here to discuss.

More fundamentally it is interesting to see that your problems, as ours, grow very largely out of the environing social movements in

<sup>1</sup> Substance of an address delivered before the Department of Nursing and Health, Teachers College Alumni Conference, February 10, 1922. Published also in *Teachers College Record*.

which we are all inextricably entangled. This conflict between the old institutions and the ever new demands is always with us, but it appears just now to be unusually acute. You are perhaps peculiarly entangled. In some respects your work is one of the oldest in modern civilization; in others it is distinctly new. New and old elements are almost certain in a transition period like this to come in conflict.

Let us seek to understand this situation of conflict. Three factors, each mingled cause and effect, unite to produce the modern world. They are the growth and spread of science (or tested thought), the industrial revolution, and the rise of democracy. The modern world presents as results three significant aspects: first, an inherently changing civilization, with ever new demands and the unending search for new means for meeting these demands; second, the factory system, with its tendency to reduce the individual to personal nonentity amid the assertive bigness of organization, and the hit-back of the individual determined not to be overwhelmed in the bigness; and third, the decline of authoritarianism, or the tendency to renounce external authority and to build—at length—an internal authority to take its place. These three mean in their turn a constant necessity for making over our institutional outlook and our institutional customs. Such a remaking means much groping in the dark, and meanwhile many recriminations back and forth. In particular do those who guard the old fear the downfall of external authority, to them too often the only authority in which they can feel confidence. It was so in the past when the external authority of divine right of kings or of established nobility was compelled to yield to the internal control of popular government. It has been so when the like external authority of Aristotle or of church or of Bible has yielded to the internal authority of inherent reason. But our times show an even more difficult shift: the external basis of authoritarian ethics is losing force, and too often does no internal authority take its place. Those who seem most to need authority often acknowledge none, and morals suffer. It is in this welter of change and struggle and decline of custom and recognized authority that your problem is located. No wonder we grope for light.

As we are to discuss a code of professional ethics it may be well to ask what we mean by a profession,—not that I admit that only a profession can have a code of ethics. The adjective professional in our topic harks back, I think, to feudalism, when a profession represented the upper reaches of social service, the aristocratic realm of the intellect with *noblesse oblige* as its guiding principle. It was in such an upper class alone, so they thought, that a true sense of propriety could find a fit abiding place. Historically and even now there

is much practical truth in this idea, repugnant as it may be to certain of our democratic sensitivities. What then is a profession? Three characteristics seem to me to stand out. First, the professional is opposed to the amateur. He lives by and with and from his work. It is his vocation, and not merely that to which he gives extended study. Being a professional he lives from his work and he carries his work to a higher degree of excellence than will any mere amateur. Second, and more to the point, a profession implies the conscious practical application of a large body of knowledge, accumulated through many generations and acquired by the individual only by long extended personal study. In this statement, organized knowledge is consciously opposed to mere manual skill and dexterity, while the conscious application of the knowledge involves individual judgment in each particular case as opposed to any mere rule of thumb procedure. From this point of view a profession necessarily implies education in a broad sense as opposed to mere training. Third and for our purposes most significant of all, a profession implies an ethical identification of interest between the professional man on the one hand and the one served on the other. As concerns many trades, at any rate, the one served is supposed to look out for himself; the doctrine of *caveat emptor* holds. But in the case of a profession the interests of the one served must be handed over in a different manner and degree to the professional man. This calls out and secures from the true professional man a singleness of service which is one of the finer fruits of civilization. Yet more significant, if possible, to our inquiry is the relationship of the professional man to society, to the public welfare. The professional man does indeed for the time being identify his interests with that of his client or his patient, true enough, but the character of the obligation and the kind of service due are consciously and distinctly subordinate to the prior and superior welfare of society. The public good is paramount. It would not be becoming in me to criticize here any profession for its failure to observe this obligation; but it is a pleasure to call attention to the scrupulous care with which physician and nurse have observed it. The few exceptions find no support in the professions. In conclusion of this specific point of inquiry, a profession thus is a vocation, by implication gainful, involving the individual and thoughtful application of a considerable body of organized knowledge in self-identifying service to others for the good of society.

Is then nursing a profession? Should it have and obey professional ethics? To both I say yes. As to the first, it is a vocation and not the mere amateur practice of a woman's native tendency to relieve distress in others. It involves increasingly the extended

study of organized knowledge as opposed to the acquisition of an assortment of mere skills. It increasingly implies individual judgment and responsibility. I gather there are some who would like to limit or deny this factor, but this body at least will agree with my asserted statement. Finally and beyond all question nursing implies and secures in maximum degree an ethical self-identification with the interests of the patient in the service of society. The first question answered affirmatively, we turn to the second, Should nursing have its own professional ethics? Speaking for myself I should say yes, even if I agreed to the most jealous wish of the most narrow-minded physician to control the every act and judgment of his nurse. I wish utterly to repudiate any such feudalistic exclusiveness as has hitherto been assumed to belong to professional ethics. But more of this later.

Let us now ask what is meant by a code of professional ethics. What is this thing we have been considering? It is, as I see it, the formulated ethical procedure appropriate to the group under consideration (to my notion not excluding even the humblest trade). It takes cognizance especially of the danger points more or less peculiar to the profession (or trade group). It usually implies also standards of conduct along certain lines higher than the outside public would think to exact. It implies further an *esprit de corps*, a group-conscious loyalty to the profession and to its code. Lastly, it may well include an appropriate professional etiquette to make explicit in more formal and routine matters the observance of the codal demands.

Before proceeding further it may be well to consider the situation now confronting nursing in this matter of a code for its conduct. The review is to fix ideas, to bring us together on matters with which you are more familiar than I. As has been several times intimated, the older professions originated at a time when the caste spirit was prevalent. Their members easily accepted the dominant disregard for the personalities of their helpers. A helper was at best a higher servant, a means to be used to an end, and no more. The military ideal seems, from causes easily seen, to have been especially strong in the management of nurses. They were to be becomingly uniformed, and must move noiselessly and surely. They must, after the analogous relation of private soldiers to officers, take orders unquestioningly and never presume to have judgments of their own, much less to act upon the dictates of their judgment. Such an outlook did tradition hand over to our ever growing hospitals.

The conditions of modern life seem to have modified appreciably the character and outlook of the nursing personnel. The time was when hospitals were few and small. Nursing, then looked upon "as an

appropriate refuge for the disappointed and bereaved," offered candidates in sufficient numbers from the better cultivated walks of life and of sufficient maturity to allow the hospitals to select a very high standard of character. In obedience to the general attitude of the times, and being, as the quotation has it, often "disappointed" or "bereaved," these nurses offered no objection to self-effacing subordination. Self-denying devotion to the helpless was sufficient self-expression to them. But most of these conditions have changed. Hospitals grow ever more numerous and colossal. The demand for nurses is correspondingly great, so great in fact that choosing is not possible in the old degree. Moreover young women now look forward to vocations even from adolescence. For such, marriage is still desired and expected, but it is in anticipation postponed beyond a period of temporary remunerative occupation. This means that probably most of those now entering upon nursing feel on the one hand that their career in nursing is more or less temporary, and on the other that their full life lies ahead of them, and by no means in a remote future, rather just ahead, even now. So they demand the pleasures of this world, dancing, theaters, beaux. Moreover in a manner and degree most disconcerting to the older psychology of management, these young people have scant respect for authority as such. They ask "why" more often than "what." They do not care to accept the mere word of anybody, whether in matters of belief or of conduct. When "Young America" thus comes up against an entrenched tradition of subordination and unquestioned obedience, there is "something doing." Some managements, as was intimated above, believing that these bad tendencies are due to lack of previous restraint try to make good that deficit by coming down the harder now. Least successful of all are those hospitals which use repression to secure exploitation. Instead of building desirable character changes, these arouse and store resentment. They may force compliance for the while, but they must inevitably make for selfishness and low ideals.

A final element in the present situation is the rise of a fuller professional outlook among nurses. You know so much more than I of this that I can but touch on it. The increase in learning necessary for satisfactory nursing, the wish of the more capable women of the profession to advance to a status of self-responsibility, the rise of types of nursing carried on in relative independence of physicians,—all these things work together with other factors to break down a once dominant subordination. Preferment being possible, strength of character and intellect assert themselves. While some physicians seem to resent this, the tendency is a fact, increasingly an

accomplished fact. The old basis is outgrown, but the new is not yet systematized.

These various factors in a changing situation demand a reconsideration of the proper relations of the various personalities involved. Traditional answers no longer satisfy. The situation is impelling. Something must be done. Can we find in fundamental ethical considerations any light to guide?

You will, with pleasure doubtless, pardon me that I state rather than argue what I conceive to be the basis of ethics wherever it be found. Western civilization for good or ill has adopted expression rather than repression as the basis of the good life. Repression it allows, both in the form of positive coercion and in the form of education, but in both cases the repression is for the sake of more adequate expression, in the one case of others concerned, in the other case of the individual himself and through him of all. Moreover modern democracy sees in the individual the supreme end, not the separate individual as the final end nor the individual in competition with others, but all individuals together, each for the others. Our best thought tells us to respect supremely the personality of each, but not as now perfect. We are to respect each as he now is,—yes—but with reference to what he may become, and to what others may become simultaneously with him and through his becoming. We thus accept Kant's dictum that we should always treat humanity as an end and never as a means merely. We accept as a partially overlapping statement that we seek the development and expression of each in relation to all. In close connection with this, though I fear my simple statement will be more obscure than convincing, we count that the good life is a growing life, that good, as Professor Dewey has pointed out, consists of growing; that we should each choose always those activities that leave us, and those whom we influence, most disposed and best equipped for further like fruitful activities. Education is thus both a means and an end in the good life. As means it helps to make the good character, it aims by guidance to build a character that fits society in and for its continued growing. As end, education, since it is itself essentially growing, constitutes the good of life. The criterion for judging all conduct is then its educative effect: Does this conduct cause me and others through me to grow along such lines as will in turn best promote growth? If yes, good; if no, bad. Growing and respect for personality, these are our criteria, each explanatory of the other.

A few words I venture to add with reference to an actual code, rather by way of indicating the application of the foregoing principles than by way of suggesting what specific content you should include.

The supreme basis for any code seems then to be: mutual respect for growing personality on the basis of the common good. This means, as was said, that no person from the highest physician down to the lowest orderly is to be considered as a means merely. Each such must be respected as a personality with possibilities of growth and development, not necessarily into a different type of post, though this may be the line of growth. No nurse is merely a means to the health of the patient, still less to the success of the physician. She is that and distinctly so, else she performs no service; but she is more than that, she is a person, with hopes and aspirations, with lines of life stretching out before her. While she serves, she should also find expression,—and growth. For mere expression, without growth, will if continued become dissipation. One of the most satisfying and consequently one of the required ways of respecting personality is by discussion and mutual consultation. I mean that any two people ought always to meet on such grounds as make it easy for them jointly to consider matters of common interest or joint coöperation. When I dictate a letter to my secretary I sincerely regret that her necessary attention to what she does prevents her from thinking fully of what I say. I am sorry both for her sake and mine that we cannot more fully consult. Of course, it is my letter and I am responsible to the outside for what I say, and not she; but she knows much of my business and often recalls or sees things that I had forgotten or failed to consider. Moreover she may think of a better answer or phrasing than I. But even more than these matters that concern me individually, I wish her to live as fully as possible in and through the work. I wish her to feel that it is her work in as true a sense as it is mine. It is our joint work and should be so conceived and so conducted. And I conceive the same relations as belonging to physician and nurse. I cannot see why it should be otherwise. The nurse then should be encouraged to observe and encouraged to report. True, the physician is in responsible charge, and he must finally decide. But a true ethics seems to me to demand such a joint consultation and, if possible, joint agreement as will mean development and expression of the best in both, nurse as truly as physician.

And what of codification? Shall we make a code? Or had we better leave room for flexible adaptation to the great variety of cases as well as to ever changing conditions? I don't know enough to have an intelligent opinion, and the test of trial must finally decide, but I vote aye for a code. Let the code emphasize principles, yes; but let it present enough detail to guide conduct. On any other basis I am afraid that the high-minded will have high standards while others may fail. It was said earlier that a code should pay particular



attention to danger points. So far as I could gather from the returns I read, four points seem deserving of special consideration. First, the training school and hospital. You must secure conditions and standards that mean on the one hand proper growth in knowledge and character sufficient to meet the demands of nursing, and on the other no exploitation of the students or nurses. I shall return to this later. Second, the relations of physician and nurse. Here the discussion given above should find its application. The clear recognition of difference in function is, as I see it, not antagonistic to respect to personality as there discussed. This I judge is one of your knotty points, for it involves another code of ethics, which to speak kindly is relatively fixed. Third, the relation of nurse to patient, particularly to the prospective patient where living conditions are not attractive. Here I imagine from what I read you have to raise standards for some of the selfish members of your profession. Exactly here I incline to think you need precision of statement. Fourth, the question of conscious enforcing of standards. My own opinion is that it is and always will be necessary to have adequate machinery to enforce, if necessary, your standards on any graduated (or registered) nurse. Without provision for both formulation and execution, I do not see how you are going to meet the ethical demands of the situation.

May I in conclusion say a word, which I hope will not sound presumptuous, about securing the embodiment of your code and its principles? The strategic place is clearly the training school. It seems to me that the beginning nurse should be considered primarily as a student and neither an apprenticed servant nor yet a nurse. The school must recognize the fact that neither nursing nor preparation for nursing nor both put together can make the whole of life. Only a willingness to treat others as mere means to end could accept such a view. This means then a positive programme for social life, physical recreation, library and reading facilities, and the various forms of social commingling, including all the usual wholesome relations with the opposite sex. In particular the school must consider that its education extends beyond mere medicine and nursing to include much else that is necessary to fuller living. Many girls come from inadequate home surroundings, they must receive especial attention. As a school, modern educational ideas should be used, such as student government, the honor system, the discussion in the classroom. These are not mere devices, but positive agencies for character building. Whoever tries henceforth to use a scheme of military suppression instead of these means of education is courting failure both immediate and remote. That day has passed.

It further seems to me necessary that your training schools should work positively for an *esprit de corps*. For this, history is always a powerful aid. The history of nursing is filled with material which, properly conceived and properly presented, will appeal powerfully to the young woman. Call also freely on the history of medicine with its heroes, for this is in truth yours, too. Use the stirring incidents of both histories to teach professional ethics. And take care not to remain too far from the present in this teaching. Romance belongs to the past and we need its glamor, but the brave deeds among people nearer home have their unique effect. Specifically in the hospital and in the humdrum of everyday life we must manifest and expect a real unselfishness. Here is where the sense of fairness and the strong personality of the leader can get in their work. For after all it is the personalities of the training school who must in the focus of learning steer the educative process. Without them nothing avails.

Important as is the training school it cannot do all. Graduation in a true sense ushers into real life. As I, from the outside look over the field, it would seem that your graduate associations must continue the work begun by the school. They must guard your code and protect it from infringement without fear or favor. They will temper their efforts with a proper humanity and will do all with entire unselfishness. But standards must be maintained. Part of their work will be to direct attention to the training schools to see that they, too, are up to standard. If I may draw a lesson from education, you will do well to encourage post-graduate work. In and through this your leaders will build a very conscious professional spirit. Here as elsewhere growing and a sense of growing form the main reliance. Those who feel the growing will be the ones both to formulate and to guard the sense of professional ethics.

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Amy M. Hilliard is one of the recipients of the beautiful Nightingale medal which commemorates the dedication of the Bordeaux School, pictured on the opposite page. It was Miss Hilliard who suggested, when Dr. Anna Hamilton came to this country to solicit funds for her struggling hospital, that American nurses could erect no finer memorial to their sisters who gave their lives for France than a school for nurses. The idea was taken up with enthusiasm and was ardently pushed by Anna C. Maxwell and later by a committee, of which Sophia F. Palmer and Miss Maxwell were members.